

1.) CORPORATION NAME:

KANSAS CITY LIFE INSURANCE COMPANY

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0025553**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 36,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3520 BROADWAY

CITY/ST/ZIP: KANSAS CITY, MO 64111-2565

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | R PHILIP BIXBY | |
| TITLE: | P/CEO | |
| ADDRESS: | 810 W 52ND ST | |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64112 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | TRACY W KNAPP | |
| TITLE: | SR VP-FINANCE | |
| ADDRESS: | 13010 BEVERLY | |
| CITY/ST/ZIP/CO: | OVERLAND PARK, KS 66209 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MARK A MILTON | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 12120 ABERDEEN | |
| CITY/ST/ZIP/CO: | LEAWOOD, KS 66209 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | DAVID A. LAIRD | |
| TITLE: | VP/CONT | |
| ADDRESS: | 11604 EAST 60TH TERRACE | |
| CITY/ST/ZIP/CO: | RAYTOWN, MO 64133 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | A. CRAIG MASON, JR. | |
| TITLE: | SECRETARY | |
| ADDRESS: | 18422 W. 163RD ST. | |
| CITY/ST/ZIP/CO: | OLATHE, KS 66062 | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|---|-----------|
| /s/ A. CRAIG MASON, JR. | A. CRAIG MASON, JR., | 11/1/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.